



CYCLING TIME TRIALS

the national governing body for CYCLING time trials
www.ctt.org.uk



UNDER CYCLING TIME TRIALS REGULATIONS.

(National Championships are also under CHAMPIONSHIP CONDITIONS)
See Handbook for notifications of improvements. The Promoting Club reserves the right to refuse any entry (Subject to BBAR Condition No. 4)

Please enter me for the

event to be held for and on behalf of Cycling Time Trials on (date)

I enclose entry fee of £ _____ Including Cycling Time Trials Levy.

If entering a Hill Climb please also complete section B. overleaf.

If entering a Team Time Trial please also complete section C. overleaf.

Mr/Mrs/Miss/Ms	Forename(s):-	Surname:-
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Club:-	District:-
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Address:-	Postcode :-
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Tel:-	Mob:-	D.O.B.:-	Age on day of event:-
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E-mail:-	Start/Result Sheet by E-mail <input type="checkbox"/>
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Emergency Contact Details	Name:-
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Address:-

Tel:-	Mob:-
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For Veterans Only

RIDING: Bicycle Tricycle Tandem

For Tandem Events my partner is:-

Best Plus for distance in current and past three seasons.	Age at that time	Yrs.
Current Standard time for event entered.	Member of VTTA Group	

If the event is oversubscribed I agree to be a reserve.
Yes No

OFFICIAL TIME TRIALS (including private) CLUB, OPEN, SEMI-OPEN AND ASSOCIATION EVENTS (completed events only.)
(For NATIONAL CHAMPIONSHIPS only enter performances in Open, Semi-Open and Association events.)
Please enter details of fastest performances during current and past three seasons for the type of machine you will be riding.
If no performance please state NIL.

Official use only Handicap:-

A.		Event	Date	Time/Distance	Course	Winner & Time/Distance
10	1					
25	2					
50	3					
100	4					
12hr	5					
Fastest performance at distance since 1st January of last Year	6					
Fastest performance ever at or near dist. now entered	7					

I HEREBY DECLARE that the particulars submitted on this form are complete and correct. I understand that the event will be held under the Rules and Regulations of Cycling Time Trials as shown in the current Handbook and I confirm that I am conversant with such Rules and Regulations and undertake to abide by them and to participate in the Drug Testing Programme whenever required to do so.

I further declare that I am at present not under suspension by Cycling Time Trials or any organisation with which Cycling Time Trials have an agreement or (if so) such suspension will have expired by the date of the event.

I agree to accept the decision of the promoter in all the matters concerning the event and my participation in it subject to such rights of appeal or review as may be provided for in the Rules and Regulations of Cycling Time Trials.

I understand that the event is held wholly or in part on public or private property or the public highway and that I participate therein entirely at my own risk and that no liability whatever shall attach to the promoter, promoting club or any officials of the event, Cycling Time Trials or any club affiliated thereto or any member of such club for any injury loss or damage suffered by me in or by reason of the event however such may be caused and whether by negligence or otherwise.

Signature _____

Date _____

(Event promoters MUST NOT accept entries with photocopied signatures)

Riders under 18 years of age must also have the Parental Consent Declaration (overleaf) completed by their Parent or Guardian.

Cycling Time Trials is a Company Limited by Guarantee (Registered England No. 4413282)

January 2007

B. Hill Climb entrants please complete this section							
Forename(s):- _____			Surname:- _____			Club:- _____	
Best 3 performances in Cycling Time Trials approved Hill Climbs since 1 st Jan. of previous 2 years. <i>For NATIONAL CHAMPIONSHIPS only enter performances in Open, Semi-Open and Association events</i>							
DATE	NAME OF EVENT	NAME OF HILL	CLASS OF EVENT (Open, Semi-Open, Club,)	WINNER & TIME	MY PLACING	No. of Entries	MY TIME
DETAILS OF LAST 2 HILL CLIMBS							

C. Team Time Trial Details					
Please enter the details of ALL the team members and any reserves below					
Rider 1 Name & Club		Rider 3 Name & Club		1st Reserve Name & Club	
Rider 2 Name & Club		Rider 4 Name & Club		2nd Reserve Name & Club	

PARENTAL CONSENT	
TO BE SIGNED BY PARENT OR GUARDIAN OF ENTRANTS UNDER THE AGE OF 18	
I (Name and Address) _____	Being the Parent (or Guardian) of _____ Who was born on: _____
HEREBY AGREE to his/her participation in the events promoted for and on behalf of Cycling Time Trials under their Rules and Regulations and DECLARE as follows:-	
<ol style="list-style-type: none"> 1 I understand and agree that my said son/daughter participates in events promoted under the Companys Rules and Regulations, entirely at his/her risk and without liability whatever on the part of CYCLING TIME TRIALS, its Chairman, National Committee Members, District Committee Members, Officers and Officials of member clubs, Event Secretaries (promoters), Timekeepers, Marshals, Course Measurers, Caterers or helpers in the conduct of the event in respect of any injury loss or damage suffered by him/her however caused whether by negligence or otherwise. 2 I understand that the function of the marshals in such events is to do no more than indicate the precise spot at which the rider should turn or the direction he or she should take and that the responsibility for safely negotiating a turn or any other change of direction must rest with the rider alone. 3 I understand further that all competitors in or in the vicinity of the event must observe the law of the land relating to road travel and when racing must ride entirely alone and unassisted. 4 I am satisfied that my son/daughter is sufficiently responsible and experienced to assume full and entire responsibility for his/her own safety whilst engaged in a competition of this kind held wholly or in part on public or private property or on the public highway. 	
Signature _____ (Event promoters MUST NOT accept entries with photocopied signatures)	Date _____